

Foster Family Home - Corrective Action Report

Provider ID: 1-170006

Home Name: Maria Keliioholokai, CNA

Review ID: 1-170006-10

86-904 Iniki Place

Reviewer: Jackie Chamberlain

Waianae

HI

96792

Begin Date: 11/9/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed CCFFH recertification. corrective action required due to CTA within 30 days

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) Provide training to all employees, and for CCFFHs, other adults in the CCFFH, on their confidentiality policies and procedures and client privacy rights. None for SCG #3 or HHM # 1

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

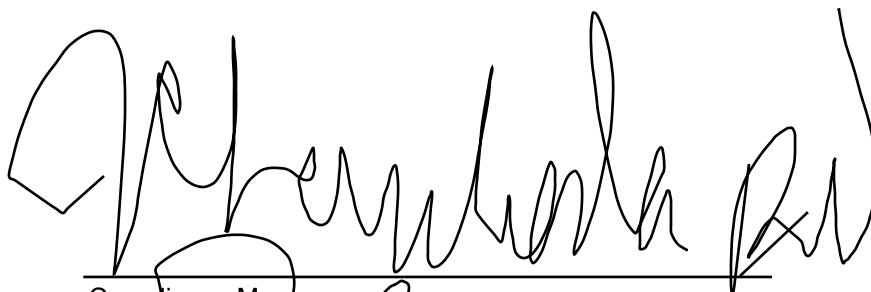
49.(a)(4) Per My Choice My way clients to have open access to the kitchen and recreational room in CCFFH. There is 2 places where a small ramp is needed in order for wheelchair access

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #1 and # 2 several medication prescription label did not match medication administration record and / or signed MD orders CMA RN to determine if a medication error has occurred and a adverse event is required if so



Compliance Manager

Primary Care Giver

Date

Date

11/09/20

11/09/20

CTA RN Compliance Manager: As Jackie Chamberlain

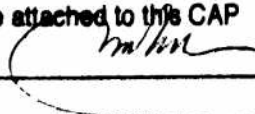
Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: MARYA BELINDA L. KELIHOLUKAI
(PLEASE PRINT)

CCFFH Address: 56-904 Imki Place, Wai'anae, HI 96792
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
16.b.5	Confidentiality & privacy policies & procedures have been signed by SCG #3 & HHM 1 Copies kept on file. Screen record applied for SCG #3 & HHM 1	11/13 11/12	Strict review of CCFFH's file.
49.a.4	Ramp headed to the common living area of the home has been fixed.	11/14	Comply w/ ADA requirements all the time.
54.c.5	WR for client 1 & 2 were updated by their respective CMA's.	11/13	To coordinate / communicate w/ CMA RN's every month regarding new policies & procedures from DOH / CTA.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 11/14/20

X CTA has reviewed all corrected items